

Walk Fort Lauderdale

FITNESS PLEDGE CARD

I AM COMMITTED!

I, the undersigned, do hereby commit to participate in the City of Fort Lauderdale's "Walk Fort Lauderdale" initiative to promote better health through physical activity.

- ☒ I understand that the 1996 Surgeon General's Report on Physical Activity and Health concluded that, "regular physical activity that is performed on most days of the week reduces the risk of developing and dying from some of the leading causes of illness and death in the United States."
- ☒ I have received a log and pedometer to track my distances and success!
- ☒ I will return to registration location after two months with my completed log, fill out a short wellness survey, and receive a complementary stretch band.
- ☒ Before I begin, I will review the steps for success printed in the Walk Fort Lauderdale brochure.

PLEASE PRINT

Name: _____ Year of Birth _____
(Last) (First) (MI)

Address _____

City _____ State _____ Zip _____

Parents Name (if under 18) _____ Email _____ @ _____

Home Phone (_____) _____ Work Phone(_____) _____

Emergency Contact _____ Phone/Pager/Other _____

☐ Ft. Lauderdale Resident ☐ Non-Resident

RELEASE FROM LIABILITY: Photo Release: I hereby grant authorization to the City of Fort Lauderdale to use photographs of myself, my child, or the program participant(s) for public purposes.

INSURANCE RESPONSIBILITY: The participant or his guardian registered in the activities provided by the City of Fort Lauderdale understands that the participation may subject the participant to certain degree of risk of injury, and that the City will not be liable for medical expenses or other claims for damages, based upon any property damage or personal injury as a result of these activities. The participant must obtain any insurance protection.

MEDICAL RELEASE: If I should become ill or injured, or my child should become ill or injured and I cannot be reached, I give permission for myself and/or my child to be treated by a physician in an emergency. ☐ YES ☐ NO

I have read and understand and agree that I will not hold the City of Fort Lauderdale liable for any personal injury or property damage I or my child may suffer as a result of participation in the above activities.

Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____

City of Fort Lauderdale Parks & Recreation Employee _____